

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1						51		
2		1					52		
3							53		
4		1					54		
5		1					55		
6		1					56		
7							57		
8		1					58		
9		1					59		
10	1						60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17		1					67		
18		1					68		
19	1						69		
20		2					70		
21		2					71		
22		2					72		
23		2					73		
24	1						74		
25		1					75		
26		1					76		
27							77		
28							78		
29							79		
30							80		
31							81		
32							82		
33							83		
34							84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	27	↓	↓	↓	↓	↓	TOTAL DEP.	↓	↓
TOTAL CLAIMS	30						TOTAL CLAIMS		